

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ZD, a minor by her parent and natural
Guardian, SHANAE BRIDGEFORD : No. 2:22-cv-05082
Plaintiff : CIVIL ACTION
CHESTER COMMUNITY CHARTER : Electronically filed
SCHOOL :
Defendants

ORDER

AND NOW, this _____ day of _____, 2023, upon consideration of Plaintiff Shanae Bridgeford's Petition for Leave to Compromise a Minor's Action and Allocate Settlement Funds, it is hereby ORDERED and DECREED that the Petition is GRANTED. Plaintiff Shanae Bridgeford is authorized to enter into a settlement with Chester Community Charter School for a gross sum of [REDACTED]. Defendants shall forward all settlement drafts or checks to Plaintiff's counsel for proper distribution.

It is further ORDERED and DECREED that the funds of the total gross settlement of [REDACTED] shall be allocated as follows:

To: [REDACTED], a Minor :

\$ [REDACTED]

DOB: [REDACTED]
Social Security: [REDACTED]

To: The Law Office of Jared S. Zafran, LLC:

Funds reimbursed for litigation expenses
Counsel Fees (25% of Settlement) after costs

[REDACTED]

TOTAL:

[REDACTED]

COUNSEL (and not the parents and/or guardians to the Minor) is hereby AUTHORIZED and specifically DIRECTED to execute all documentation necessary to deposit the funds belonging to the Minor, [REDACTED] in an interest-bearing savings certificate in a federally insured bank or savings institution having an office in Philadelphia County IN THE NAME OF THE MINOR ONLY. The certificate shall be marked as hereinafter directed.

The certificate shall be titled and restricted as follows [REDACTED], a Minor, not to be redeemed except for renewal in its entirety, nor to be withdrawn, assigned, negotiated, or otherwise alienated before the Minor attains majority on December 7, 2034, except upon prior Order of Court.

If no withdrawals are made from the investments authorized by this Decree, the depository may pay over the balance on deposit when the Minor attains majority, upon the order of the late Minor, without further Order of this court.

Within thirty (30) days from the date of this Decree, counsel for Petitioner shall file an Affidavit, certifying compliance with this Decree. Counsel shall attach to the Affidavit a copy of the savings certificate reflecting the required restrictions and shall pay such fee as may be required by the Clerk. The Affidavit shall bear the caption of the United States District Court and shall contain the case number.

The Affidavit shall further contain a specific averment by counsel that counsel, and not the parent(s) and/or guardian(s) of the Minor, established the account(s) and deposited the funds therein as directed above.

BY THE COURT:

HON. KELLY HODGE

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

ZD, a minor by her parent and natural Guardian, SHANAE BRIDGEFORD	:	No. 2:22-cv-05082
<i>Plaintiff</i>	:	CIVIL ACTION
CHESTER COMMUNITY CHARTER SCHOOL	:	Electronically filed
<i>Defendants</i>	:	

Plaintiff Shanae Bridgeford, through her attorney, Andrew J. Thomson, Esquire, hereby moves for this court to order that the Court grant her Petition for Leave to Compromise a Minor's Action and in support thereof avers:

1. Plaintiff Shanae Bridgeford filed a Complaint on December 21, 2022 alleging that her daughter Z.D. was assaulted by a male student in the bathroom on October 5, 2022 after having earlier interactions with the same boy in which he had previously assaulted her in the schoolyard.
2. Plaintiff brought claims under Title IX.
3. Defendant denied all allegations in the Complaint and asserted affirmative defenses in an Answer filed March 3, 2023.
4. The parties litigated the matter and as of October were preparing for trial at that time of settlement discussions on November 2, 2023.
5. On November 2, 2023, Plaintiff Shanae Bridgeford approved the settlement amount of [REDACTED] for Z.D.
6. The proposed distribution of \$ [REDACTED] is as follows:

To: [REDACTED], a Minor : [REDACTED]

DOB: [REDACTED]
Social Security: [REDACTED]

To: **The Law Office of Jared S. Zafran, LLC:**

Funds reimbursed for litigation expenses
Counsel Fees (25% of Settlement) after costs

[REDACTED]

TOTAL:

[REDACTED]

7. Z.D. is a minor and the Court must approve any settlement of his action.
8. As part of the agreement to settle the matter, Plaintiff and Defendant have agreed to mutual confidentiality regarding the settlement amount.
9. Z.D. began therapy with Joseph J. Peters Institute in April 2023 and continues to have therapy in accordance with the plan. See, Wellness Plan attached at Exhibit A.
10. Plaintiff and counsel recommend approval of a settlement for Z.D., a minor, in the gross amount of negotiated with the Defendants' counsel, because they believe that it adequately represents a full and complete settlement of the case equal to or greater than that which may be obtained should the matter be fully litigated.
11. Plaintiff has been fully apprised of the risks of recovery at a trial in this matter and agrees that this settlement is a fair monetary sum in light of those risks.
12. Z.D. has no outstanding bills or liens for any therapy he has received following the incident.
13. Counsel requests a fee in the amount of 25% of the gross settlement amounting to [REDACTED] after the reduction of litigation costs in this matter, which has been litigated.
14. Counsel requests payment of [REDACTED] for litigation costs, including filing fees, service fees, administrative office costs in accordance with the cost breakdown attached at Exhibit B.

15. Counsel has not and will not receive collateral payments or counsel fees for representation involving the same client from third parties, (i.e. subrogation claims).

16. The net payable to the minor, Z.Y, after attorney's fees and reimbursement of litigation costs is \$ [REDACTED]

WHERFORE, Plaintiff Shanae Bridgeford respectfully requests that this Court permit Plaintiff to enter into a settlement recited above and that the Court enter an Order of Distribution as follows:

To: [REDACTED], a Minor :

DOB: [REDACTED]

Social Security: [REDACTED]

To: **The Law Office of Jared S. Zafran, LLC:**

Funds reimbursed for litigation expenses

Counsel Fees (25% of Settlement) after costs

TOTAL:

Respectfully submitted,



Andrew J. Thomson
Attorney for Plaintiff
Attorney I.D. No. 87844
Law Office of Jared S. Zafran, LLC
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215-587-0038

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**CHESTER COMMUNITY CHARTER
SCHOOL** : **Electronically filed**
Defendants :

I, Andrew J. Thomson, Esquire, do hereby certify that on the date noted below, a true and correct copy of foregoing Plaintiff's Motion for Leave Compromise a Minor's Action and Allocate Proceeds was electronically filed and is available for viewing and downloading from the ECF system.

Respectfully submitted,



Andrew J. Thomson
Attorney for Plaintiff
Attorney I.D. No. 87844
Law Office of Jared S. Zafran, LLC
1500 Walnut Street, Suite 500
Philadelphia, PA 19102
Ajthomson@zafranlaw.com
215-587-0038

Exhibit “A”

Joseph J. Peters Institute

100 S. Broad Street, 17th Floor, Philadelphia, PA 19110

1211 Chestnut Street, 5th floor, Philadelphia, PA 19107

My Name: _____

My DOB: _____

My Admission Date: 4/10/2023

My primary treatment provider, degree, & license: Padmini Kunnathully, M.S

My DHS/CUA Worker (if applicable): _____

My Probation Offcr. (if applicable): _____

My Initial Wellness Plan Date: 4/10/2023

My Present Wellness Plan Date: 4/10/2023

My Next Wellness Plan is Due On: 10/7/2023

(180 days from present)



Preliminary/Initial Wellness Plan (Update before fourth therapy session)



Comprehensive Status (Update every 6 months or when clinically indicated)

Most Recently Updated Objective Measures of My Progress in Treatment

Child/Adol. SS

CPSS:

Date: _____

CATS:

Date: _____



Adult SS

PDS-5:

Date: _____

BDI-II:

Date: _____



Adult SRP

SOTIPS:

Date: _____

Other: _____



Other:

My progress from previous Wellness Plan (if not initial plan):

WELLNESS PLAN

My 1st Challenge (quote participant's exact words): _____

My 2nd Challenge (quote participant's exact words): _____

My 3rd Challenge (quote participant's exact words): _____

Behavioral Description of My First Challenge:

(quote participant's exact words): _____

My Treatment Period Goal	Target Date	Strengths-Based Objectives (My Actions)	Treatment Interventions (My Therapist's Actions)
Completion of the evaluation/mental health assessment	10/7/2023	I will actively engage in this evaluation process. Other involved parties (parents, referral sources, etc.) will provide information and support for this evaluation with my consent.	Evaluator will conduct structured clinical interviews; contact collaborating agencies with participant consent; record review; psychological testing and in collaboration with other evaluation team members including psychiatrist made diagnoses, treatment and safety recommendations.

Name: [REDACTED]

Behavioral Description of My 2nd Challenge:

(quote participant's exact words):

DOB: [REDACTED]

Chart #: 251567

My Treatment Period Goal	Target Date	Strengths-Based Objectives (My Actions)	Treatment Interventions (My Therapist's Actions)
Maintain safety by following my safety plan as discussed and documented during my evaluation by my evaluator.	10/7/2023	1. I will recognize warning signs and triggers, and use my internal coping strategies, supports and emergency resources. I agree to contact supports and emergency resources if I feel unsafe.	1. My therapist will review my safety plan and contract once I am assigned and revise as needed.

Structured tools (listed above) were used to create/ modify this goal:

 Yes No N/A

(Note: strengths, barriers, and discharge criteria/goals should quote participant's exact words)

My Strengths:**My Potential Barriers:****My Discharge Criteria/Goals:****School Attendance Plan:**For school-aged children, if treatment interferes with school attendance, describe the plan to address the situation (below) or check "N/A": N/A**Method, Modalities, Frequency, and Duration of treatment Interventions:**e.g., Individual Therapy # hour sessions # time(s) per week

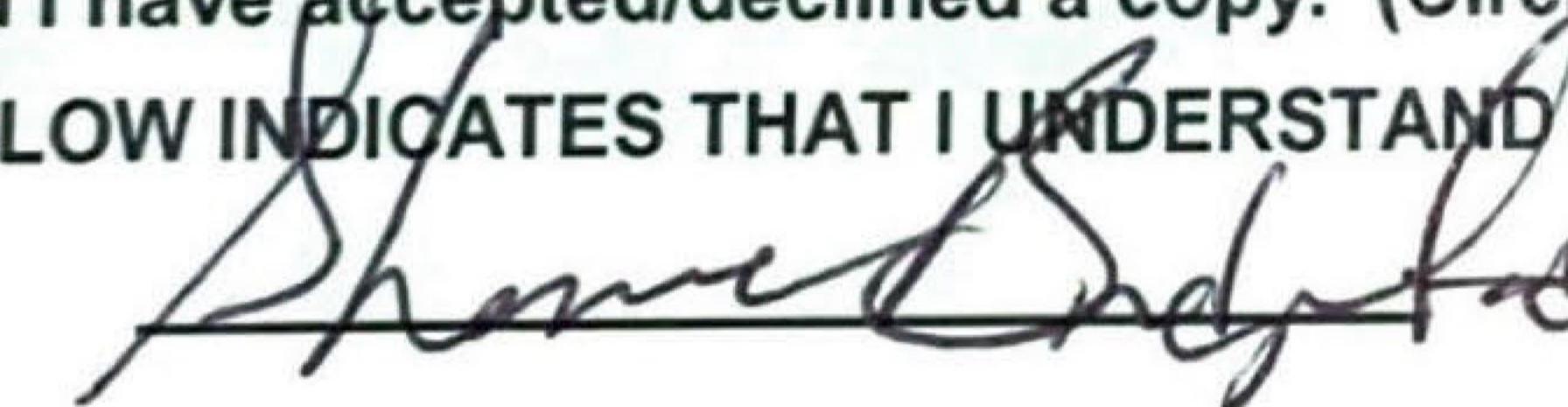
<input checked="" type="checkbox"/> Individual Therapy	1	hour sessions	1	time(s) per week
<input type="checkbox"/> Group Therapy		hour sessions		time(s) per week
<input type="checkbox"/> Family Therapy		hour sessions		time(s) per week
<input type="checkbox"/> Other:		hour sessions		time(s) per week

I have been offered a copy of my wellness plan and I have accepted/declined a copy. (Circle one)

Participant's Initials _____

PARTICIPANT'S STATEMENT: MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS PLAN.

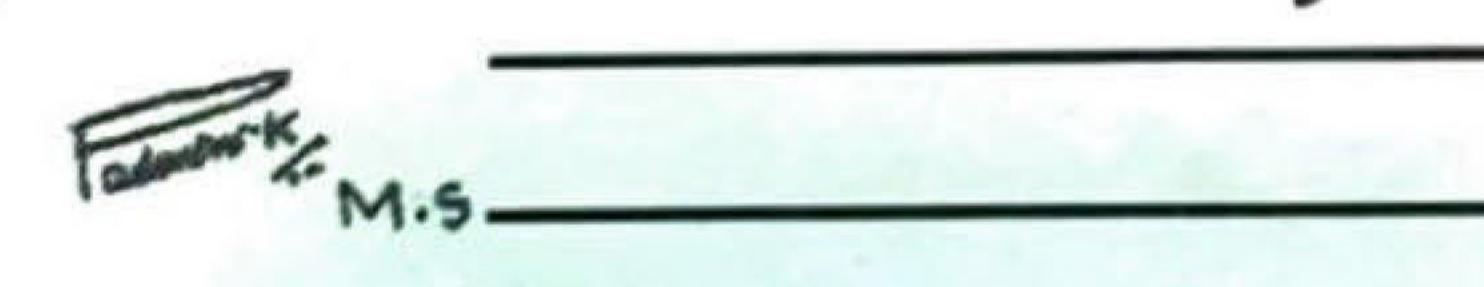
Participant, Parent, Legal Guardian:



Date: 4/10/23 Participant sig. required if ≥ 14; parent/legal guardian sig. required if participant is ≤ 13

Other:

Primary Treatment Provider (PTP):

 M.S. _____

Date: 4/10/2023

Advanced Practice Prof. (APP)*:

Date: _____ Check one:

MD/DO:

PA: _____

CRNP: _____

Initial: SB Review: _____

treatment provider (PTP), APP should sign on the PTP line.

Exhibit “B”

1:28 PM
11/14/23
Accrual Basis

The Law Offices of Jared S. Zafran LLC

Transactions by Account

All Transactions

Type	Date	Num	Name	Memo	Amount	Balance
Advanced Client Costs						
		10.06.22(M)				
Bill	01/03/2023	2022012014	Court House Legal Services inc	2022012014 Zd V Chester Community Charter Schc		
Bill	01/15/2023	44691021888037209	M&T Bank	USDC Courts		
General Journal	11/10/2023			administrative fee		